MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS)

Background

- The electronic monitoring system was established and created in 2003 by DTMB
- It tracks the dispensing of controlled substances (CS), schedule 2-5, from practitioners to patients
- MAPS is also a repository of patient information that is HIPAA protected
- Data from the prescribers/dispensers is batched and uploaded nightly from the dispenser's system to MAPS
- The following are mandated to register and report to MAPS:
  - ➤ Prescribers who dispense, CS schedule 2-5
  - ➤ Pharmacists (dispensers)
  - ➤ Veterinarians
- Prescribers who prescribe CS schedule 2-5 drugs but who do not dispense within the doctor's office may voluntarily register and use MAPS
- MAPS is a risk assessment tool that prescribers/dispensers can use to monitor quantity, volume, type, and frequency (dosage) of CS schedule 2-5 drugs being dispensed for patients dealing with chronic pain or illnesses that require controlled substance based prescriptions
- MAPS is also used by LARA to:
  - ➤ Detect possible over-prescribing practices
  - ➤ Detect possible drug diversion
  - ➤ Doctor shopping by patients

Funding Request

- $4.5 million proposed appropriations to replace the current MAPS
- The new system will do the following:
  - ➤ Increase bandwidth to expand increased volume of users
  - ➤ Improve security firewalls and security protocols to securely maintain the data
  - ➤ Create standard reports, morphine equivalency, and other specialized reports and analytics
  - ➤ Upload data from the prescribers/dispensers database systems to MAPS during the day versus overnight batches, allowing accurate data to update and data with errors to be kicked back to the prescriber/dispenser for correction
  - ➤ Provide auto alerts for prescribers/dispensers as well as auto alerts for the administrators (LARA) of MAPS that allow for a more focused review and quick response to requests or issues where a prescriber may be over-prescribing
  - ➤ Storage of over 120 million records
  - ➤ Improve functionality of the system for front and back-end users
  - ➤ Improve overall efficiency in running queries or reports

Funding Request – continued

> ➤ Cluster data, records and data can be combined for the same person/patient
> ➤ Easy access to MAPS for authorized users, will no longer use Single Sign On
- Funding allows for the creation and set-up of a new system and ongoing maintenance and support once the project is completed

Projected Timeline

- 4-6 month procurement process to secure a vendor through the reciprocity contract route with another state
- 3-6 months (likely 6 months due to the volume of data that has to be migrated to the new system) to create new system once contract is in place and appropriations funding is released to start the project
- 6-12 months ongoing outreach efforts to register new users to the system and encourage use of the new system

Summary

Once the new system is established and MAPS is functioning the way a Prescription Drug Monitoring Program (PDMP) should operate, the department will continue its efforts in doing the following:

- Work with the vendor and stakeholders to continue to improve the reporting capabilities and generation of analytics such as geographic mapping
- Focus on reviewing reports and analytics to build cases around those abusing the system in the following areas:
  > ➤ Over Prescribing
  > ➤ Drug Diversion
  > ➤ Doctor Shopping
- Coordinate and continue to improve communication with law enforcement and other agencies on sharing information regarding investigations, where appropriate

Having a new PDMP system will allow the department and the Office of the Attorney General to shift its limited resources and staffing to the right areas and implement a robust enforcement program that focuses on prescribers/dispensers who over-prescribe and/or are involved in drug diversion activities.

INTRODUCTION/BACKGROUND

Appriss' turnkey PMP AWARxE is a highly available, scalable, secure enterprise level HIPAA compliant system that was built from the ground-up with direct design input from current and ex-administrators of prescription monitoring programs with the purpose of solving shortcomings in legacy PMP solutions and meeting the needs of PMP stakeholders. The solution's functionality parallels that of the Pew Foundation-Brandeis University *PDMP Best Practices Study*. Today, 27 states rely on Appriss' PMP AWARxE solution.

Information Requestors	➤ Fast response time ➤ Most up-to-date availability of records ➤ Reliable patient-linking ➤ Tablet compatibility ➤ Securely delegating workflow ➤ Available in physician workflow
Data Submitters	➤ Flexible data submission methods ➤ Error correction ➤ Easier rollout of new data format standards ➤ Single account and user interface to manage multi-state pharmacy chains
Administrators	➤ Automated patient linking with administrator override capability ➤ 100% online registration ➤ Pharmacy and physician compliance reports ➤ Delegate physician linking for compliance checks ➤ Business intelligence and ad hoc reporting capabilities
Infrastructure & Support	➤ Lowest total cost of ownership ➤ High availability and scalability ➤ Redundancy ➤ Help desk with 24/7/365 support ➤ Detailed visibility into all aspects of technology operations

	Feature	Benefits to MAPS
1	Data collection, processing, and management system	High quality and integrity of prescription data
2	Sophisticated patient-linking algorithms	Ensure that the most accurate and comprehensive patient information can be delivered to authorized requestors

	Feature	Benefits to MAPS
3	Intuitive and adaptive user interface	Intuitive and easy-to-use system for users
4	Improved administrator platform	Streamlines important workflows and provides clear visibility into key operating metrics
5	Business intelligence solution	Easy-to-use tools that allow administrators to build ad hoc reports and perform advanced analytics
6	Scalable infrastructure	Highly scalable infrastructure proven to support millions of transactions each month
7	Interstate data sharing	Out-of-the-box integration to the largest interstate data-sharing hub, PMP InterConnect, with the ability to add connections to other hubs
8	Integration capabilities	Capabilities to integrate with myriad health ID systems (EMRs, EHRs, and pharmacy management systems) to foster better utilization of PMP data at the point of care

Appriss' PMP AWARxE increases value to all MAPS stakeholders as follows:

Data Submitters
- Ability for each data submitter to identify and correct record level errors for submission to MAPS. Saves valuable time and effort when submitting required CS data.
- Provides for instant processing (instead of nightly batches) of all submitted data to provide the most up-to-date data for MAPS users. Submitted data is available to requestors within 5 minutes of receipt.
- Automated data processing metrics saves PMP Administration value time managing their data submitters for compliance.

End Users (Prescribers and Pharmacists)
- Fastest response times of any PMP system. Capable of handling millions of requests. Average response time is under 3 seconds from the moment a prescriber/dispenser queries or runs a report.
- Best user experience in the industry. Patient reports made available after only 4 mouse clicks whereas the current MAPS it takes around 20 mouse clicks to run patient reports.
- The most sophisticated patient linking algorithm to ensure the most accurate reports are being delivered. Mitigate false positives and false negatives.
- Built-in connectivity to PMP InterConnect (PMPi) data sharing hub
- Monthly software updates provided at no additional cost. Appriss released this month its 31st software release.

- Sophisticated delegate workflow module allows efficient tracking of all delegates accounts, currently MAPS does not have delegate accounts.
- System is integration ready and allows for integration within the clinical workflow. Average time saved per patient report is approximately 4-10 minutes sometimes more with the current MAPS. Integration with the EHR/EMR workflow allows direct access to MAPS reducing the process down to seconds versus minutes from start to finish.
- Configuration to add additional state searches is automated. No need for the user to log into multiple state websites if integrated within the clinical workflow

PMP Administrator

- Highly configurable system accommodates all state specific requirements
- Comes with standard reports already built into PMP AWARxE
- High-powered business intelligence tool provides easy self-service analytics and reporting capabilities.
- User dashboard allows for automated program monitoring and management.
- Out-of-the-box integration with the nation's leading inter-state data sharing hub. Currently there are 33 states, including Michigan that are part of the National Association of Boards of Pharmacy (NABP) InterConnect data hub. There will soon be seven additional states connected through this data hub and with the PMP Aware software from Appriss, Michigan will be connected to over 40 states for PMP data sharing.